



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR COMBAT COMMAND
LANGLEY AIR FORCE BASE, VIRGINIA

20 JUN 1996

MEMORANDUM FOR ALL ACC MEDICAL TREATMENT FACILITY COMMANDERS

FROM: HQ ACC/SG2
162 Dodd Blvd, Suite 100
Langley AFB VA 23665-1995

SUBJECT: Hepatitis B Immunization Letter

1. The attached policy letter from HQ USAF/SG requires all medical personnel, whose tasks involve contact with blood and body fluids, to be immunized against hepatitis B. This changes current policy where civilian workers were allowed to decline the immunization. All ACC medical treatment facilities will revise their bloodborne pathogen control plans to reflect this new policy.
2. All ACC Public Health Flights have the Aeromedical Services Information Management System (ASIMS) Hospital Employee Health Module to track compliance with this policy. This software provides summary reports for your medical treatment facility, squadrons, and sections. I'm sure you'll find these reports informative. All ACC Public Health Flights also have the updated ASIMS Epidemiology Module to electronically report your statistics to the Armstrong Laboratory Epidemiology Division (AL/AOE).
3. My point of contact for this issue is Lt Col Robert L. Williams, DSN 574-7874, x2190, EMAIL williarl@hqaccsg.langley.af.mil.


L. CRAIG PATCHIN, Colonel, USAF, MSC
Deputy Command Surgeon

Attachment:
HQ USAF/SG Ltr, 20 May 96, w/2 Atch

Global Power For America



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE



MEMORANDUM FOR SEE DISTRIBUTION LIST

20 MAY 1996

FROM: HQ USAF/SG
110 Luke Avenue, Room 400
Bolling AFB, DC 20332-7050

SUBJECT: Hepatitis B Immunization Policy Letter

All medical personnel, whose tasks involve contact with blood and body fluids, will be immunized against hepatitis B. This includes all civilian and contract employees as a condition of employment. Consult base Military Personnel Flight if affected personnel are members of a bargaining unit. Our response (Atch 1) to a recent ASD(HA) tasking (Atch 2) indicates not all medical personnel, whose tasks involve contact with blood and body fluids, are immunized against hepatitis B.

Public Health (PH) offices will conduct hepatitis B immunization surveillance. Additionally, surveillance for hepatitis B infection will be maintained, and current Centers for Disease Control and Prevention recommendations will be followed. Medical treatment facility commanders must ensure their PH offices are "on-line" for electronic reporting. The Aeromedical Services Information Management System (ASIMS) epidemiology module will be revised to collect data for monthly electronic reporting by PH offices to the Armstrong Laboratory Epidemiology Division (AL/AOE). AL/AOE will forward a quarterly status report (by MAJCOM) to HQ AFMOA/SGOP and each MAJCOM. The first report is due to HQ AFMOA/SGOP by 3 July 1996.

My points of contact are Capt Carol A. Fisher (HQ AFMOA/SGOP), DSN 297-1837; Capt Joy Miller (AL/AOE), DSN 240-3471; and Capt Sam Hall (USAFSAM/EH), DSN 240-2058.

EDGAR R. ANDERSON, JR.
Lieutenant General, USAF, MC
Surgeon General

Attachments:

1. HQ USAF/SG Memo, 26 Mar 96
2. ASD(HA) Memo, 6 Mar 96

Atch 1



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE

MAR 26 1996



MEMORANDUM FOR PRINCIPAL DEPUTY ASSISTANT SECRETARY OF DEFENSE
(HEALTH AFFAIRS)

FROM: HQ USAF/SG
110 Luke Avenue, Room 400
Bolling AFB, DC 20332-7050

SUBJECT: Transmission of Hepatitis B During Surgery (Your Memo, 6 Mar 96)

As requested, the following information on hepatitis B immunizations is provided:

a. The Air Force Hospital Employee Health Program, to include hepatitis B immunization status, is assessed during every Health Services Inspection (HSI). HSI inspectors state that the hepatitis B immunization status of health care workers (HCWs) involved in invasive procedures is well over 90 percent. We conducted a survey of 41 medical treatment facilities (MTFs), using the Hospital Employee Health Module of the Aeromedical Services Information Management System. This showed 97.3 percent of 13,078 active duty HCWs involved in invasive procedures had hepatitis B immunizations. The Hospital Employee Health Program is very strong and receives the command emphasis it requires.

b. Among 2,685 civilian HCWs, the hepatitis B immunization compliance rate is 90.8 percent. Tri-Service AFI 48-110, Immunizations and Chemoprophylaxis, states that hepatitis B immunizations are required for contract personnel based on occupational risk of exposure, and provided only if agreed upon and so stated in the contract agreement.

c. The scope of practice for those HCWs who are HBeAg positive should be restricted by the MTF Credentials Committee. Current Air Force policy states that all HCWs with potential exposure to blood or body fluids should be immunized against hepatitis B. Those involved in exposure-prone procedures should know their HBsAg status, and if positive, be medically evaluated and tested for HBeAg. HCWs who are then positive for HBeAg are referred to the MTF Credentials Committee. The Credentials Committee, in cooperation with the Infection Control Committee, should then determine the scope of practice for those HCWs.

My points of contact are Lt Col Michael D. Parkinson and Capt Carol A. Fisher, HQ AFMOA/SGOP, 110 Luke Avenue, Room 400, Bolling AFB, DC 20332-7050, DSN 297-1837 or (202) 767-1837.

CHARLES H. ROADMAN II
Major General, USAF, MC
Deputy Surgeon General



HEALTH AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

MAR 6 1996

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Transmission of Hepatitis B During Surgery

I would appreciate your assistance and comments on dealing with the potential problem of transmission of hepatitis B from infected providers to patients during invasive procedures. The attached New England Journal of Medicine article and accompanying editorial have prompted a strong level of media interest. Briefly, a civilian HbSAg positive thoracic surgery resident transmitted hepatitis B to 19 patients, half of whom now have chronic hepatitis. Over 350 reported patients have been infected by providers in the last 20 years. The adequacy of current Centers for Disease Control guidance, which relies on universal precautions and a request that infected providers inform patients of their status, is under serious question.

With our existing requirement that all medical personnel be immunized against hepatitis B, we are well ahead of much of the civilian community in policy for preventing provider-patient transmission. However, our extent of compliance with our own requirement and the level of emphasis we place on compliance will clearly come under scrutiny.

I would appreciate your assessment of:

- a. The extent of compliance with the hepatitis B immunization requirement among your active duty force involved in invasive procedures, and what additional level of command emphasis may be needed on an ongoing basis to ensure full compliance.
- b. Your ability to require civilian staff to be immunized as a condition of their employment.
- c. What should be done with providers known to be HbSAg positive. Full compliance with the immunization requirement may identify new individuals, triggered by their failure to make an antibody response. Does it now make sense to restrict the scope of practice of those who are e antigen positive or have detectable serum HBV DNA?

Thank you for considering these questions. My point of contact is Colonel Michael Dunn at 695-6800.

Edward D. Martin
Edward D. Martin, M.D.
Principal Deputy Assistant Secretary

Attachments:
As stated